

SECRETARY

THE SENATE

DEC 18 11:37

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Capito For West Virginia

ADDRESS (number and street)

P.O. Box 11519



Check if different than previously reported. (ACC)

Charleston

WV

25339

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00539825

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

WV

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)

Special (12S)

Election on

MM / DD / YYYY
11 / 04 / 2014

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

WV

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY
10 / 01 / 2014

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY
10 / 15 / 2014

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Reed Spangler

Signature of Treasurer

Mr. Reed Spangler

Reed Spangler

Date

MM / DD / YYYY
12 / 16 / 2014

MM / DD / YYYY

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3
(Revised 02/2003)